

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

DECLARATION	ATTORNEY'S DOCKET NO.
	1662/63503

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **DEGRADATION PRODUCTS**OF AZITHROMYCIN AND METHODS FOR THEIR IDENTIFICATION, the specification of which was filed on March 25, 2004 as U.S. Serial No. 10/809,065.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE (day, month, year)
60/457,846	25 March 2003
60/458,186	26 March 2003

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations,

NY01 574457 1 of 3

§ 1.56 which became available between the filing	date of the prior application and the national or
PCT international filing date of this application:	

APPLICATION NUMBER	FILING DATE (day, month, year)	STATUS (i.e. Patented, Pending, Abandoned)

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Steven J. Lee, Esq. KENYON & KENYON One Broadway New York, New York 10004-1050

CUSTOMER NUMBER 26646

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	PESACHOVICH	Michael	
RESIDENCE & CITIZENSHIP	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
•	Givat-Shmuel	Israel	Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	5/11 Zvulun Hammer Str.	Givat-Shmuel	Israel
Signature	u Markaic	Date 6.	06.67

NY01 574457 2 of 3

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
	ISAACS	Sarah		
RESIDENCE & CITIZENSHIP	СПҮ	CITY STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHI
	Hertzelia	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	СІТУ		STATE & ZIP CODE/COUNTRY
	11 Givat-Hatachmoshet Str.	Hertzelia	1	46589, Israel
Signature	~ Down	· · · · · · · · · · · · · · · · · · ·	Date 23\\$\=	, L
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVE	N NAME	SECOND GIVEN NAME
	SINGER	Claude		
RESIDENCE & CITIZENSHIP	STATE OR FOREIGN COUNTRY		OREIGN	COUNTRY OF CITIZENSHI
	Kfar Saba	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	СПУ		STATE & ZIP CODE/COUNTRY
	8/8 David Elazar Kfar Saba		oa	Israel 44358
Signature	S:97		Date SG	. 04, 04
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME
	SCHWARTZ	Eduard		
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHII
4	Rehovot	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/COUNTRY
	Carmel St. 68,	Rehovot		76305, Israel
Signature	1.4	>	Date 7/6/	104

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVE	N NAME	SECOND GIVEN NAME
	BERGER	Edit		
RESIDENCE & CITIZENSHIP	CITY	STATE OR F	FOREIGN	COUNTRY OF CITIZENSHIP
	Tel-Aviv	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	СПҮ		STATE & ZIP CODE/COUNTRY
	12 Gur-Yehuda Str.	Tel-Aviv	7	62158, Israel
Signature Edit Berger			Date のチ	.06.2004

NY01 574457